

**IN THE UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

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In re:) Chapter 11
LEHMAN BROTHERS HOLDINGS INC.) Case No. 08-13555 (JMP)
Debtor.) (Jointly Administered)
-----x

**NOTICE OF TRANSFER OF CLAIM
PURSUANT TO FRBP RULE 3001(e)(2)**

1. TO: **AMBER MASTER FUND (CAYMAN) SPC** (“Transferor”)
c/o Amber Capital, LP
900 Third Avenue, Suite 200
New York, NY 10022
Attn: Jed Rubin
Tel: 212-340-7330
Email: jed.rubin@ambercapital.com

With a copy to:

Chadbourne & Parke LLP
30 Rockefeller Plaza
New York, NY 10112
Attn: David LeMay, Esq.
Christy Rivera, Esq.

2. Please take notice of the transfer, in the amount of \$7,444,956.48, of your claims against LEHMAN BROTHERS SPECIAL FINANCING INC., Case No. 08-13888 (JMP) in the above referenced consolidated proceedings, arising from and relating to Claim No. 17226 (attached in Exhibit A hereto), to:

STRATEGIC VALUE MASTER FUND, LTD. (“Transferee”)
c/o Strategic Value Partners, LLC
100 West Putnam Avenue
Greenwich, CT 06380
Attention: Marc Sileo
Phone: 203-618-3574

Email: legal@svpglobal.com
Fax: 212-202-4844

With a copy to:
Richards Kibbe & Orbe L.L.P.
One World Financial Center
New York, NY 10281-1003
Fax: 212-530-1801
Attn: Managing Clerk
Phone: 212-530-1800

An evidence of transfer of claim is attached hereto as Exhibit B. All distributions and notices regarding the transferred portion of the claims should be sent to the Transferee at the instructions attached in Exhibit C.

3. No action is required if you do not object to the transfer of your claims. However, **IF YOU OBJECT TO THE TRANSFER OF YOUR CLAIMS, WITHIN 20 DAYS OF THE DATE OF THIS NOTICE, YOU MUST:**

-- **FILE A WRITTEN OBJECTION TO THE TRANSFER** with:

United States Bankruptcy Court
Southern District of New York
Attn: Clerk of Court
Alexander Hamilton Custom House
One Bowling Green
New York, NY 10004-1408

-- **SEND A COPY OF YOUR OBJECTION TO THE TRANSFEE.**

-- Refer to **INTERNAL CONTROL NO. _____** in your objection and any further correspondence related to this transfer.

4. If you file an objection, a hearing will be scheduled. **IF YOUR OBJECTION IS NOT TIMELY FILED, THE TRANSFEE WILL BE SUBSTITUTED FOR THE TRANSFEROR ON OUR RECORDS AS A CLAIMANT IN THIS PROCEEDING.**

CLERK

FOR CLERK'S OFFICE USE ONLY:

This notice was mailed to the first named party, by first class mail, postage prepaid on _____, 2005.

INTERNAL CONTROL NO. _____

Copy: (check) Claims Agent Transferee Debtor's Attorney

Deputy Clerk

EXHIBIT A

PROOF OF CLAIM

ORIGINAL

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epic Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		PROOF OF CLAIM	
In Re: Lehman Brothers Holdings Inc., et al. Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)		
Name of Debtor Against Which Claim is Held	Case No. of Debtor		
Lehman Brothers Special Financing Inc.	08-13888		
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)</small>			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
Amber Master Fund (Cayman) SPC c/o Amber Capital, LP 900 Third Avenue, Suite 200 New York, NY 10022 Attn: Jed Rubin		Court Claim Number: <i>(If known)</i>	
Telephone number: 212-340-7330 Email Address: jed.rubin@ambercapital.com		Filed on: _____	
Name and address where payment should be sent (if different from above)		<input type="checkbox"/> Check this box if you are aware else has filed a proof of claim refile claim. Attach copy of statement of particulars.	
Telephone number: Email Address:		<input type="checkbox"/> Check this box if you are the debtor in this case.	
<p>1. Amount of Claim as of Date Case Filed: \$ <u>See Addendum</u> If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6. <input checked="" type="checkbox"/> Check this box if all or part of your claim is based on a Derivative Contract. <input type="checkbox"/> Check this box if all or part of your claim is based on a Guarantee. *IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO http://www.lehman-claims.com AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on http://www.lehman-claims.com if claim is a based on a Derivative Contract or Guarantee.</p>			
<p>2. Basis for Claim: <u>See Addendum</u> (See instruction #2 on reverse side.)</p>			
<p>3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)</p>			
<p>4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basic for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____</p>			
<p>6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ _____ (See instruction #6 on reverse side.)</p>			
<p>7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary. DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:</p>			
Date: 9/17/2009	Signature: <u>Samuel Jed Rubin</u> Print Name: <u>Samuel Jed Rubin</u> Title: <u>Authorized Person</u>		
<small>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.</small>			
<div style="text-align: right;"> FILED / RECEIVED SEP 18 2009 EPIC BANKRUPTCY SOLUTIONS, LLC </div>			

EXHIBIT B

EVIDENCE OF TRANSFER OF CLAIM

EVIDENCE OF TRANSFER OF CLAIM

TO: Clerk, United States Bankruptcy Court, Southern District of New York

AND TO: Amber Master Fund (Cayman) SPC

Amber Master Fund (Cayman) SPC, a company organized under the laws of the Cayman Islands, having offices c/o Amber Capital LP, 900 Third Avenue, Suite 200, New York, NY 10022 ("Seller"), for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged and pursuant to the terms of an Assignment of Claim agreement dated as of the date hereof, does hereby certify that it has unconditionally and irrevocably sold, transferred and assigned to Strategic Value Master Fund, Ltd., with offices located at 100 West Putnam Avenue, Greenwich, CT 06830 ("Buyer"), all right, title and interest in and to the claims of Seller against LEHMAN BROTHERS SPECIAL FINANCING INC. (and its affiliates) in the amount of \$7,444,956.48, docketed as Claim No. 17226 (the "Claim") in the United States Bankruptcy Court, Southern District of New York, Case No. 08-13888 (JMP) (jointly administered).

Seller hereby waives any notice or hearing requirements imposed by Rule 3001 of the Federal Rules of Bankruptcy Procedure, and stipulates that an order may be entered recognizing this transfer and sale of the Claim as an unconditional assignment and sale and Buyer herein as the valid owner of the Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect to the Claim to Buyer.

IN WITNESS WHEREOF, dated as of the 3rd day of November, 2009.

Amber Master Fund (Cayman) SPC
By: Amber Capital LP, its investment advisor

WITNESS:


(Signature)

Name: Briana Beckerman
Title: Executive Assistant
(Print name and title of witness)

By: _____
(Signature of authorized corporate officer)

Name: Samuel Jed Rubin
Title: Authorized Person
Tel.: 212.340.7330

Strategic Value Master Fund, Ltd.
By: Strategic Value Partners, LLC
Its Investment Advisor

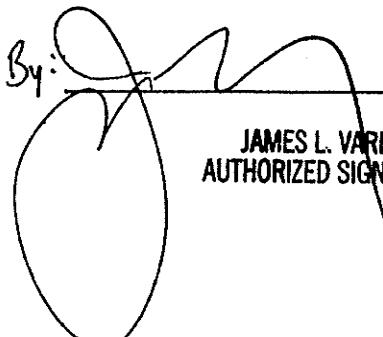

JAMES L. VARLEY
AUTHORIZED SIGNATURE

EXHIBIT C

Address for Notices:

Strategic Value Master Fund, Ltd.
c/o Strategic Value Partners, LLC
100 West Putnam Avenue
Greenwich, CT 06380
Attention: Marc Sileo
Phone: 203-618-3574
Email: legal@svpglobal.com
Fax: 212-202-4844

With a copy to:
Richards Kibbe & Orbe L.L.P.
One World Financial Center
New York, NY 10281-1003
Fax: 212-530-1801
Attn: Managing Clerk
Phone: 212-530-1800

Wire Instructions:

State Street Bank & Trust Co. Boston
ABA # 011-000-028
Bank Loan Processing Group
DDA/Account #: 5987-446-1
Ref: LBSF/LBHI Claims – F/B/O Strategic Value Master Fund, Ltd. / NXNK